

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90051 026 ***150.00

DOCUMENT # P02000028753

1. Entity Name
WEST DADE MEDICAL & REHAB CENTER, INC.



Principal Place of Business
330 S.W. 27 AVE. STE. 507
MIAMI FL 33145

Mailing Address
330 S.W. 27 AVE. STE. 507
MIAMI FL 33145

00000100



2. Principal Place of Business
330 SW 27 AVE

3. Mailing Address
330 SW 27 AVE

Suite, Apt. #, etc.
507

Suite, Apt. #, etc.
507

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
04-3623691

Applied For
Not Applicable

Zip
33135

Country
U.S.

Zip
33135

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBARGANES, MOISES J
330 S.W. 27 AVE. STE. 507
MIAMI FL 33145

Name
HILDA M. ALONSO

Street Address (P.O. Box Number is Not Acceptable)
330 SW 27 AVE # 507

City
MIAMI

FL

Zip Code
33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOBARGANES, MOISES J
330 S.W. 27 AVENUE, SUITE 507
MIAMI FL 33145

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / DIRECTOR
HILDA M. ALONSO
330 SW 27 AVE, SUITE 507
MIAMI, FL 33135

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 (305) 541 3320

Date

Daytime Phone #

CR2E034 (10/02)